	PATENT AF	PLICATION	,	Application or Docket Number										
Effective October 1, 2000									09866232					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY				OTHER THAN		
TOTAL CLAIMS			~					RATE		FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA .			BASIC	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		d			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			/_ minus 3 = -				X40	X40=		OR	X80=			
MUL	TIPLE DEPEND	ENT CLAIM PR	RESENT					+135		OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	AL		OR	TOTAL	710.0	
CLAIMS AS AMENDED - PART II									•		_	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMA	LLI	ENTITY	PO	SMALL		
NT A		CLAIMS REMAINING AFTER AMENDMENT	N PRI		MBER HOUSLY FOR	PRESENT EXTRA		RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total -	15	Minus		?0		} -	_X\$ 9)=		ОЯ	X\$18=		
	Independent	Minus	TIPLE DEPENDENT CLAIM				X40) =		OR	X80=			
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDEN	CLAIM		L	+135	5=e		OR	+270=		
								ADDIT.)TAL	 	OR	TOTAL ADDIT, FEE		
/	(Column 1) (Column 2) (Column 3)							AUUII.	FEE		_			
		CLAMS REMAINING		HIG NU	HEST MBER	PRESENT	7		-	ADDI-	١.	0475	ADDI-	
ENT		AFTER AMENDMENT			NOUSLY D FOR	EXTRA	1	RAT	.E	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT B	Total	. 6	Minus	"6	20	-/	4	X\$:	9=		OR	X\$18=		
AME	Independent	VITATION OF MI	Minus	ENDE	T GI AM	<u>17 </u>	-	X40)=		OR	X80=		
┞	rina i Prieser	TIMI ION OF MI	OCINICE DEL					+13	5=	,	OR	+270=		
								ADDIT.	TAL	•	OR	TOTAL		
(Column 1) (Column 2) (Column 3)									. 46		_			
6	CLAIMS REMAINING				GHEST UMBER	PRESENT	7	<u> </u>		ADDI-	1		ADDI-	
E		AFTER AMENDMENT		PRE	NOUSLY D FOR	EXTRA		RATE		TIONAL FEE	L	RATE	TIONAL FEE	
AMENDMENT C	Total	*	Minus	**]	XS!	9±		OR	X\$18=		
	Independent	•	Minus			=]	X40) <u> </u>	 	1	Yea	1	
E	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDE	NT CLAIM			-			OR	· —	 	
the entry in column this less than the entry in column 2, write "O" in column 3.									5=		OR	<u> </u>		
-	If the "Highest Nu	mb r Previously P	baid For IN THI	S SPACI	E is loss tw	<u>20, enter 7</u>	20.	ADDIT.	PEE.		OR	ADDIT. FEE		
-	"If the "Highest Nur The "Highest Nur	raber Previously F ther Previously Pa	Paid For IN THE aid For (Total o	is spac r indepe	t is loss th ndent) is th	an 3, enter "3 e highest num	nber fi	ound in t	ne ap	propriate bo	ox in c	otumn 1.		

BEST MYMILADLE CUFT:

FORM PTO-875 (Rev. 8/00)